# FOR STATE HEALTH DEPT. 10 DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, blease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of

11044

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11044

I. PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased lived, if institution b. CO		ce befare admi:	ssion)
	Garrett		MARYLAN		o. STATE Va		Pi	reston	
b. CITY OR TOWN write RURAL o	(If autside carparate limits, and give nearest tawn)		c. LENGTH OF STAY IN II	b		otside corporate limits, write R	URAL and give	nearest tawn	i
	ind give nearest town). OakLand		Minutes			ville		853	3
	PITAL OR INSTITUTION (If not				d. STREET ADDRESS			ON A	SIDENCE FARM?
	arrett Co. M	<sub>e</sub> moria	l Hospital		RD. 1	Box 12		YES X	] NO [
3. NAME OF DECEASED	Firs	t	Middle		Lost	4. DATE Mo	nth	Day	Year
(Type or print)	Ida		Mildred		Batton	DEATH August			9 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		3. DATE OF BIRTH	9. AGE (In years last, birthday)	Months	Days Haur	DER 24 HRS.
Female	White	MIDOMED	DIVORCED [	1		1943 24 yrs.			
	ON (Give kind of work done ng life, eyen if retired)		ND OF BUSINESS OR		11. BIRTHPLACE (State	ar fareign country)		IZEN OF WHAT UNTRY?	
Hous	ewife	Own	Home			Co., W. Va.	Ü	SA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
Fe1	ix Holipsk	1			Dessie St	conebreaker			
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? ) (If yes give war ar dates of		OCIAL SECURITY NO.	17. 1	NFORMANT	Ada	Iress		
no	y (ii les dire was as acros as	234	-82-7940	Roy	Batton	see # 2 abo	ove		
	DEATH (Enter only one caus	e per line for	(a), (b), and (c).)					INTERVAL E	
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	Brok	en neck					Minute Minute	33
845	200	0							
	ny, which gave ) (I	Inte	rnal injurie	38				IR .	
stating the und		0							
lost.	) (	c) Run	over by wag	on_				1	
PART II. OTHER  20g. EXTERNAL PRIMARY TO or (AUSE OF DEATH	SIGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATED	O TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART I(a)		19 WAS AI PERFOI YES	
20g. EXTERNAL		20b. DE:	SCRIBE HOW INJURY OCCUI	RRED.	(Enter nature of injury in	Part I ar Part II af item 18.)			
PRIMARY OF CAUSE OF DEATH	CONTRIBUTING [	On	har ride e	lin	ned from wa	gon and run o	ver hy	wagon	
₹ 20c. TIME OF IN	JURY Manth, Day, Year	20d IN	JURY OCCURRED 2 20	e. PLA	E OF INJURY (Hame, farm	n, 20f. (City ar tawn)	(Car	unty)	(Stote)
Houx	2.m. 8 1 -67 19	While at wark	Nat While of work	Ha	ary, street, affice bldg., etc.	(Rural) Oak	D beaf		3
	Ty that I took charge					Inspection X, Inc			
/	. /		Accident					]	y opinio
000111 1030	No. Hone	today.	J, Accident	JUIL	CHIEF MEDICAL		Transfer		
SIGNATURE	Dan 1h	Lein	Tu R. L			DICAL EXAMINER			TE SIGNED
EXAMINER'S			U		DEPUTY MEDIC	AL EXAMINER		8-1-6	7
NAME (Type)	James H. F	easter	, Jr., M. D.	•	Address (Stree	t, city, tawn, or county) Oa	kland,	Md.	
23a. BURHAL, CREMA		REOF	23c. NAME OF CEMETER	YOR		23d. LOCATION (City or		(Caunty)	(State)
Burial	(Y) 8/4/67		St. Josep	h'a	Cemetery	Howesvil:	le, W	. Va.	
24. FUNERAL DIREC	TOR	- 0	ADDRESS		250, REC'	17 1967 25b	REGISTRAR'S S	GNATURE June	
Mr. Of	m min	ho	akland. M	arı	rland AUG	T ( 1201 )	marka	y Junger	

VR A15ME (5) 6M 1/67

5 may be retained far yaur files.

Health prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL DESCAPCH AND DESCAPES 301 W PRESTON STREET RAITIMORE MARYLAND 21201

M		23011	DIAISION OF STATIST	ICAL KESEA	CERTIFICATI	OF DEATH	LLI, DALIIMORL,		1646	
	1.	11046 PLACE OF DEATH			300	2. USUAL RESIDENCE	(Where deceased lived,	if institution: Resider		on)
	(	. COUNTY	GARRETT		MARYLAND	o. STATE MAR	YLAND	b. COUNTY  GA	RRETT	
	ı	. CITY OR TOWN (	(If outside corporate limits d give neorest town)	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corparate limits,	write RURAL and giv	e nearest town)	
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5			OUNTY MEMOR			Sta Sta	r Route		e. IS RESI ON A F YES X	
1	_	NAME OF	Fire Fire Fire Fire Fire Fire Fire Fire		Middle	Lost	4. DATE	Month		ar
		Type or print)	सकार संकार	BERT	WATSON	BROWNING	OF DEATH	AUGUST		67
	5. 5	MAT.E	6. COLOR OR RACE WH TTE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH JUNE 20.18	9. AGE (li	n years IF UNDER Months 7 yrs.	Doys Hours	R 24 HRS. Min.
	100	LISUAL OCCUPATION	N (Give kind of work done	10b. KI	ND OF BUSINESS OR		y & State, or foreign cau	ntry) 12. CI	TIZEN OF WHAT	
		FAR	life, even if retired)	IN	FARMING	GARRET	-	ILAND (	U.S.A.	
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN				
	15	WAS DEVENSED DU	CORNERS COMMEN STEIN OF	ERSON	BROWNING SOCIAL SECURITY NO. 17.	MAR INFORMANT	Y WAT	SON Address come	D DOITED	
	(Ye	s, na nr unknawn)	(If yes give war or dates o	service)	B-14-9814A	INFORMANT (BROTT CHARLEY BR		Address STA	D. MARYI	AMD
		18. CAUSE OF D	EATH (Enter only one coust TH WAS CAUSED BY:	se per line for	(o), (b), and (c).)	OTHER DESIGNATION	MALIO -	- January III	INTERVAL BE ONSET AND	TWEEN
		4201	IMMEDIATE CAUSE	(0)	hemia	1 11	/ /		1 mas	Mh
		Canditions, if any	, which gave )	(b)	Marandea	l Inda	eteon		1/2/2	the
		rise to immediate stating the under last.	erlying couse	TO (c)	A ferious !	erotic (	a linker	sal Du	ese.	
PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN R						DNDITION GIVEN IN PAI	RT 1(a)	19. WAS AUT PERFORM	OPSY NO MED?	
	CERTIFICATION		S UNDERLYING  CONTROL CAUSE OF DEATH MEDICAL EXAMINER	205. DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port 1 or Part II af ite	em 18.)		
	MEDICAL	Hour a.	URY Month, Day, Year m. 19	20d. IN While of work	Nat While for	ACE OF INJURY (Home, for tary, street, affice bldg., etc		r town) (Co	unty)	(State)
		21. I certi	ify that (1) (this has	nital) attone	ded the deceased fram_ 16_19_62, and the	April 2	to A M, fram	UG-17, 16	7 , that (I) I he date state	(we) last d abave
		220. SIGNATURE	14/1/	1-11		.D. PHYS.	MED. S1		ATE SIGNED	17
		22 PHYSICIAN'S	5 //	grad or	"	22d. ADDRESS			1149	
		NAME (Type	- FIGHTHERE		CHTON, M.D.	OAK ST		KLAND, MA	RYLAND	
	230	BURIAL, CREMATI	on, 23b. DATE THE 8/20,	REOF /	23c. NAME OF CEMETERY OR Pakland Ce	metery		(City of Town) and, Gar	1 11	Stote) Md
1		FUNERAL DIRECTO		1477 M	w ODDRESS wro		'D BY REGISTRAR	2Sb. REGISTRAR'S		
	Le	eighton	-Durst Fu	ne rel	Home Jaklar	Id . Md . DATE AT	IC 2 1 196	V aclean	las ludo	R.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or aftending physician.

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above INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO (County) (Stata) SIGNED (State) ÷ Deer Park Maryland i.a Deer Park Cemeterv 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** A15 Oakland, Maryland

Garrett

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IF UNDER 24 HRS

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ON A FARM? YES X NO

from the party of the state of all the second of the second o THE RESIDENCE OF THE PARTY OF T and special or the section THE THREAT STATE OF TO THE THE THREAT The same of the sa CARLES A REPORT OF THE PERSON and represent the party of the second of the Charles of Manual passes, and other orders and the contract of the contract of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11048 CERTIFICATE OF DEATH 11048 requires that the death certificate be executed within 24 haurs after death. ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral en please remove carbon popers. Poaes I and o. STATE Maryland b. COUNTRACTECT a. COUNTY Garrett MARYLAND c. LENGTH DF STAY IN 16 c. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Oakland Dakland 2 dava d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Rt. # 2. Box 368 Garrett Co. Memorial Hospital YES NO 3. NAME OF Middle Last 4. DATE First Month Doy Year DECEASED VICTORIA 19 67 Edge August 20. DEATH Type or print IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X last birthday) Manths White DIVORCED WIDOWED August 18, 1967 Female 10o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY Garr. Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol, Madeline Yvonne Callis Harold Eugene Edge, Jr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na.) enknawn) (If yes give war ar dates of service) Address (grandfather 16. SOCIAL SECURITY NO. 17. INFORMANT None Willoughby Callis, Rt 2. Oakland, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p (Birth Wt.) 31b. 5 ozs. PART I. DEATH WAS CAUSED BY: Prematurity IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Dept. of Health NO PHYSICIAN: Pol 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. JIME OF INJURY Month, Day, Year Not While factory, street, affice bldg., etc.) at work 21. I certify that (I) (this haspital) attended the deceased fram Aug. 18, 19 67 to Aug. 20, 1967, that (I) (see) last saw the deceased alive an Aug. 19, 1967, and that death accurred at 4:55 MARAM causes and an the data stated about 22b. DATE SIGNED 22g SIGNATURE MED. DIRECTOR STAFF PHYS. 8-20-67 M.D. 22d. ADDRESS NAME (Type) Dr. James H. Feaster, Jr. Oakland, Maryland 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Oakland, Maryland Oakland Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTORIA IA Leighton-Durst Home , Oakland , Ma. Fune ral DATEAU

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MARYLAND STATE DEPARTMENT OF HEALTH



Language 200 p. d. 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	~ ~ -
, FOR STATE	11050 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	050
HEALTH DEPT.	1 PLACE OF DEATH  a COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceosed lived, if institution Residence be o STATE  b. COUNTY	efore admission)
ath. If any delay is ages 1, 2, and 3 to ith farm PM3. Page State Department of	b C TY OR TOWN (If autside corporate limits, write RURAL and give near the RUR	
ST. ST. O	a NAME OF TOSE TAL OK INSTITUTE ON (II not a rospito), give street oudress)	ON A FARM? YES NO
24 haurs after death. It in Item 18. Give Pages rs Office along with far as 1 and 2 might the State after death.	Composition	Doy Year  19 AR F JNDER 24 HRS ys Hours Min
ed within 24 haur in pencil in Item al Examiners Office it. File pages 1 add. 72 haurs after de	during most of working life, even if retired)  13. FATHER'S NAME  INDUSTRY  INDUSTRY  Springs Personal Countries  IA. MOTHER'S MAIDEN NAME	iy? IGA
e executed with pending" in peret Medical Examisis permit. File not within 72 ha	Jacob J. Folk  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)  No 221.1-1076 Lcs. Hannie Folk, Gazetsvil	
MINER: This certificate shauld be executed within 24 haurs after death. If a the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiners Office along with farm or files.  In the certificate, and a burial-transit permit. File pages 1 add2-with the State Denation, ar remayal, and in any event within 72 haurs after argen.		INTERVAL BETWEEN OWSET AND DEATH
is certificate, writing farward command, a	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO
EXAMINER: This certificate, writing the certificate, writing age to should be farwar your files. Page 3 should be used cremation, ar remaval,	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B.)  CAUSE OF DEATH	
L EXAMINER: ecute the certification of the certification or your files.  I. Page 3 should remain or your files.	20c TIME OF INJURY Month, Day, Year Hour a.m.  p.m. 19 20d N.J.RY OCCURRED 20e. P.ACE OF INJURY (Home, form foctory, street, office bldg., etc.)	
MEDICAL EXA please execute directar. Page retained far yau . DIRENTO.: Page in ta burial, cren	deoth resulted from: Notural causes Accident , Suicide , Homicide , Judetermined monner	and in my opinion
TY Se sur	ACTUAL SIGNATURE SIGNATURE ASSISTANT MED CAL EXAM NER DEPUTY MEDICAL EXAM NER DEPUTY MEDICAL EXAMINER ADDEDUTY	22. DATE SIGNED
necessar the fune 5 may 10 FUNEI Health	230 BURTAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (C ty or Town) (Cou	unty) (State)
VR A15ME (5)	24 FINERAL DIRECTOR  ADDRESS	TUR Judge







MARYLAND STATE DEPART DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, # institution: Residence before edmission) e. COUNTY b. COUNTY Garrett Garrett MARYLAND Marvland c. CITY OR TOWN (If outside carparele limits, write RURAL end give necrest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) davs Oakland d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress ON A FARM? Rt. Box 18 YES NO Garrett Co. Mem. Hospital NAMEOF 4. DATE Year (Type or print) Eleanor Viola Shaffer DEATH 19 67 August 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 19. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Female WIDOWED [ DIVORCED IT June 10a. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY 106. KIND OF BUSINESS OR INDUSTRY: 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Own Home Housewife Oakland, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hardestv Queen Tasker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Leon Shaffer #2 above see no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), end (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Coronary thrombosis Days IMMEDIATE CAUSE (e) DUE TO Arteriosclerosis, generalized Years Conditions, if eny, which (61 geve rise to immediate cause **DUE TO** (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFICATION PERFORMED? 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of niury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m el work 21, I certify that (I) (this hospital) attended the deceased from ...... 19.67 DM, from the causes and on the date stated above saw the deceased alive on. ... and that death occurred at ... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22d. ADDRESS 22 PHYSICIAN'S Feaster. Jr., 104 S. 2nd St., Oakland, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 234. BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) Oakland. Oakland Cemetery 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 Oakland, Maryland DATALL



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1.054PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY Garrett Marvland Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (I) outside corporete limits, write RURAL and give paarest town) write RURAL and give nearest town) Oakland vrs. Oakland d. NAME OF HOSPITAL OR INSTITUTION (il nol in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO V Third St. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Mabel Florence Sollars 19 August 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF LINDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE fin years HF UNDER 1 YEAR last birthday) Months Davs Min. Female WIDOWED # DIVORCED Jan. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Oakland, Teacher Education USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Florence Kepner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Mrs. Helen Friend Sand 18. CAUSE OF DEATH Enter only one cause per line tog (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peve rise to immediate cause DUE TO (e), slating the underlying ceusa last. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? NO T 2Da ACCIDENT WAS UNDERLYING [7] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED. 20e, PLACE OF INJURY (Home, farm, \* 2Dt., (City or lown) (County) (State) Month, Day, Year fectory, street, office bldg., etc.) While Not While WEDL Hour a.m. al work at work ..... 19 Ce. 7 that (1) (we) last TIM, from the causes and on the date stated above. ... and that death occurred at .7 saw the deceased alive on... DATE 22a. SIGNATURE SIGNED STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c PHYSICIAN'S manes THIRD 57 NAME (Typa) A.E 23s. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) REMOVAL (Specify) Oakland Cemeterv Oakland Maryland 24: FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAL'S SIGNATUR VR A15 (4) Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11055 11055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Garrett o. STATE **b.** COUNTY MARYLAND deloy c LENGTH OF STAY IN 16 OR TOWN (If buts de carporate limits, write RURAL and give nearest fown) b CITY OR TOWN (It outside corporate imits, write RURAL and give neorest town) Minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS the certificate, writing the ward "pending" in pencil in Item 18. Give Poges 1, 4 shauld be forwarded to the Chief Medical Examiner's Office along With form ON A FARM? Garrett Co. Mem. Hospital YES NO 🖂 This certificate should be executed within 24 hours ofter death NAME OF Middle Farst Lost 4 DATE Month Уеаг DECEASED 0F 21st. 1067 Aug. (Type or print) DEATH B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdoy) within 72 hours after death DIVORCED 0 10a USUAL OCCLPATION (G ve kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 77717721 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16. SOCIAL SECUR TY NO 17. INFORMANT (Yes, no, or unknown) ((If yes give wor or dotes of service) 218-10-8828 MAXING 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) bur al-transit QNSET AND DEATH PART I. DEATH WAS CAUSED BY in any event IMMEDIATE CAUSE (6) Coronary thrombosis Arteriosclerosis, generalized Years Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse be used cremotion, or removal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO PC 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c T ME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) foctory, street, office bidg etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page of work 21. I certify that I tack charge of the remains described above, held on Autopsy Inspection 79 Inquity F and in my opinion the funerol director. death (resz/)ted fram: Natural causes . Accident / Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Health prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO NAME (Type) James H. Feaster, Jr., M. D. Address (Street, cty, town, or county) Oakland. Md. 8-21-67 230 BURIAL, CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) 50 REMOVAL (Specify) 250 RECT BY REGISTRAR 1967 256 DATE AUG 2 8 1967 GANGER 24 FLINERA, DIRECTOR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ししもり CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY the fursters after mm-n .! '-Garrett: 24 hours after MARYLAND. by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Priendsville (Rural .⊑ reams bos-papers. IS RESIDENCE d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO completely i law requires that the death certificate be executed within NAME DE Middle Last DATE Month Day Year **Eirst** DECEASED (Type or print) DEATH Sic'ale ce Van 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIEO AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH and con emove any eve last birthday) Months | Oavs Hours WIDOWED 7 OIVORCED [ physician a n please re val, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? lousewi fe Our House iding phys Then planer 13. FATHER'S NAME MOTHER'S MAIDEN NAME Catherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. led by the attend I-transit permit. II, cremation, or r (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). CONSET AND DEATH PART I. OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a been signed the burial-transport to burial, cre **DUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II, OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate letached for use Dept. of Health for use Health PERFORMED? PHYSICIAN: The the hospital or YES 🗔 NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year should be de factory, street, office bldg., etc.) Hour a.m. Not While at work \_\_\_ at work 21. I certify that (I) (this hospital) attended the deceased from 1953 Rrecent . 19 to. 3 should with the 19.6.7. and that death occurred at 10.0 M, from the causes and on the date stated above. saw the deceased alive on\_ 22b. DATE SIGNED 22a. SIGNATURE 6 G DIRI MEO. STAFF page MAD. M.D. DIRECTOR HOSPITAL Page 4 may PHYSICIAN'S 22d. ADDRESS 22c. TO FUNERAL director, p should be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) REC'O BY REGISTRAR 25b. **FUNERAL DIRECTOR ADORESS** VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11057 FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY ond 3 ta o. STATE b. COUNTY Page Maryland Garrett MARYLAND Department b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) PM3. write RURAL and give nearest tawn) Friendsville rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) minutes d. STREET ADDRESS e. IS RESIDENCE be forwarded to the Chief Medical Examiner's Office along with form ON A FARM? in Item 18. Give Pages YES NO IX 24 hours after death. NAME OF First Middle 4. DATE Last Year DECEASED Wakefield August 19 67 Harvey (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED 52 pirthday) Months Male White event within 72 haurs after death WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** none Friendsville, Md. USA none pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within John L. Wakefield Mrvtle Savage .5 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) John L. Wakefield see #2 above no IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit Sudden DEATH Ruptured Heart; Hemothorax, bilateral IMMEDIATE CAUSE (a) This certificate should necessary, please execute the certificate, writing the ward DUE TO in any Conditions, if any, which gave Crushed Chest 11 rise to immediate cause (a), DUE TO 0 stating the underlying cause and PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS remayal, PERFORMED? YES X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. crematian, ar 4 shauld Driver of Truck involved in accident MEDICAL 20e. PLACE OF INJURY (Hame, farm, (County) 20c, TIME OF INJURY Month, Day, Year (City ar tawn) (State) 9:30 Haur o.m. factory, street, affice bldg., etc.) Not While FUNERAL DIRECTOR: Page of wark triendsulke Hichway 21. I certify that I took charge of the remains described above, held an Autopsy x, Inspection x, Inquiry x, and in my apinion death resulted from: Natural causes Accident /X/ Suicide Hamicide Undetermined manner TO FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) Oakland. Md. 8-9-67 23c. NAME OF CEMETERY OR CREMATORY the 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF 12/67 Blooming Rose Cemetery Friendsville. Md. 25a. RECD BY REGISTRAR 1967 VR A 15ME 15 Oakland, Maryland DAUG

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11059

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11058

1	TIOOO INCORAL CAMINER	CENTRICATE OF DEATH						
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
1	o. COUNTY Garrett MARYLAND	o. STATE Marvland Garrett						
-	b. CITY OR TOWN (If outside corporate limits (FINGTH OF STAY IN 1b)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
L	write RURAL ond give nearest town) Oakland 14 mos.	Oakland //-/						
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS T e. IS RESIDENCE						
0	6 N. Wilson	6 N. Wilson ON A FARM?						
<u></u>	NAME OF First Middle	Lost 4. DATE Month Doy Year						
	PECEASED (Type or print) Edward Sanford	Wilson OF August 24, 167						
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	P DATE OF BIRTH 19 ACE (IN MOOFS   IF INDED 1 YEAR   IF INDED 24 HDS						
J		Feb. 2, 1891 76st birthday) Months Doys Hours Min.						
	Do. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT						
during most of working life, even if retired)  Laborer Street Dept. Schell. Md.								
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Steven Wilson	Jennie Fulmer						
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
1	Yes, no, or unknown) (If yes give wor or dotes of service) 217-05-5783	frs. Lester DeWitt see #2 above						
-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary thrombos	is onset and death						
	4 2 0 1 DUE TO	Duddon.						
	Conditions, if ony, which gove tise to immediate couse (a), (b) Arteriosclerosis,	generalized Years						
	stating the underlying couse DUE TO							
	(c)							
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES TO NO						
2	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Part I ar Part II of item 18.)						
TGD	PRIMARY 🗆 or CONTRIBUTING 🗆	, , , , , , , , , , , , , , , , , , , ,						
MEDICAL		ACE OF INJURY (Home, form,   2Df., (City or town) (County) (Stote)						
994	Hour a.m. p.m. 19 While of work of at work	octory, street, office bldg., etc.)						
	21. I certify that I taak charge of the remains described above, t	held an Autapsy 🗍 , Inspection 🔀 , Inquiry 🛣 , and in my apinia						
	death resulted fram: Natural causes, Accident 7. Suicide . Hamicide . Undetermined manner							
	X <sub>1</sub>	CHIEF MEDICAL EXAMINER						
	SIGNATURE DELLE OF LEATER OF	M.D. ASSISTANT MEDICAL EXAMINER						
	EXAMINER'S	DEPUTY MEDICAL EXAMINER						
_	NAME (Type) James H. Feaster, Jr., M. D.	Address (Street, city, town, or county) Oakland, Md. 8-24-6						
- 2	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF							
-		emetery Garrett Co. Maryland						
1	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  Ma	250. RECP BY EGGISTRAN 96725b. REGISTERDES SECRETURAL OF THE PROPERTY OF THE P						
		1077 0 100 0 100						

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